

AMHERST HEALTH DEPARTMENT
70 BOLTWOOD WALK • AMHERST • MA • 01002
Office (413) 256-4077 Fax (413) 256-4053
Environmental Health (413) 256-4033
www.amherstma.gov

APPLICATION FOR MOTEL LICENSE

_____, 200__

ANNUAL FEE - \$125.00

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto:
MOTELS

(Full Name and Address of Owner)

Give business location by street and number_____

in said Town of Amherst in accordance with the rules and regulations made under authority of the Statutes.

Number of rooms/efficiencies _____ Water - ☐ Municipal ☐ Well Sewerage - ☐ Municipal ☐ Septic

Business Phone Number_____ Home Phone Number_____

Federal I. D. Number_____ Social Security Number_____

Signature of Applicant_____

Workers' Compensation Insurance Affidavit (M.G.L. c. 152 #25C (6))

I, _____ do hereby certify that:

1. [] I am an employer providing the following workers compensation coverage for my employee(s)
_____ (policy # / insurance company)

2. [] I am not required to have workers' compensation insurance under M.G.L. c. 152, Sect. 25 (c) (6)

***Any applicant that checks #1 above must also fill out the Worker's Compensation Affidavit.**

Please Note The Following Fees Will Be Enforced

Late Fee Charges: First 30 Days Overdue \$50.00.....60 Days & Each Month Thereafter \$100.00.
No Charge for Initial Inspection & First Re-inspection. \$75.00 Each Inspection Thereafter.

Return to: Environmental Health Services
Bangs Community Center, 2nd Fl
70 Boltwood Walk
Amherst, MA 01002

Make Check Payable to: Town of Amherst